Background Suicidal thoughts and domestic abuse are major public health concerns which have enduring physical, psychological and economic impacts on the individuals affected, and their family and friends. For both issues, stigma and shame can inhibit help-seeking. Early intervention is crucial to facilitate access to timely support that promotes safety and recovery. Community pharmacy potentially offers an easily accessible, in-person and discreet help-seeking avenue. This NIHR-funded study co-develops and tests the feasibility of a first-response service for suicidal thoughts and domestic abuse in community pharmacy (the 'Lifeguard Pharmacy' service).

Methods The study includes a co-development phase and a feasibility study. The co-development phase engaged with more than 40 individuals, including focus groups with people with relevant lived experience, stakeholder interviews and discussions, and workshops with pharmacy, third-sector and lived experience stakeholders. The co-development data was analysed using Framework Analysis and was used to refine the intervention components, including promotional materials, a manual, and training programme.

For the feasibility study (January-July 2023), 12 pharmacies in Lincolnshire were purposively selected and randomised into eight intervention and four control pharmacies. The intervention involves a private consultation with a trained member of staff ('Lifeguard') which includes a triage assessment, supportive signposting and safety-netting. In the intervention pharmacies, data is being collected about service usage and support referrals made. This data will be used to conduct a preliminary economic analysis. A nested process evaluation will include focus groups with the Lifeguards, customer interviews, and a community survey which measures public awareness and acceptability.

Results In the co-development phase, participants highlighted common barriers to help-seeking for suicidal thoughts and domestic abuse such as shame, low self-esteem, and lack of confidence in services. Unique barriers were also conveyed, such as victims normalising domestic abuse. Different promotional strategies and safety measures are needed because of the intense surveillance which domestic abuse victims can experience. Participants helped to co-develop selection criteria for Lifeguards and staff support mechanisms.

The feasibility study continues until July 2023, but in the first month, six people accessed Lifeguard Pharmacy and were referred for specialist support.

Conclusion Community pharmacy offers a local and potentially discreet and approachable help-seeking avenue for domestic abuse or suicidal thoughts. Engaging a breadth of stakeholder voices has highlighted the nuances of delivering support for domestic abuse and suicidal thoughts, respectively, and the need for peer and external support for staff.

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